

Goal 3

Increase the percentage of children with a medical home.



The Medical Home System Advisory Council was established by the 2008 Iowa Health Care Reform legislation (HF 2539). The purpose of the Council is to assist the Iowa Department of Public Health to develop a medical home system consistent with both the 2007 Joint Principles of the Patient-Centered Medical Home and the 2002 American Academy of Pediatrics (AAP) policy statement that a medical home for infants, children, and adolescents should be accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. Iowa's medical home system will strive to:

- Reduce disparities in health care access, service delivery, and health status.
- Improve quality of health care and lower health care costs, thereby creating savings to allow more Iowans to have health care coverage within a sustainable health care system.
- Provide a pragmatic method to document that each Iowan has access to health care.

The first phase of this initiative is to implement medical homes for children enrolled in Medicaid. The goals and evidence-based quality measures for implementing a medical home for children include but are not limited to: childhood immunization rates, well-child care utilization rates, care management for children with chronic illnesses, emergency room utilization, and oral health services utilization.

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Goal 3: Increase the percentage of children with a medical home.

2009 Policy Recommendations:

1. Continue to develop and sustain the Iowa Medical Home System Advisory Council to promote the medical home concept as a standard of care for all Iowa children.

Rationale: The Council is the designated body to plan and implement the medical home-related provisions of Iowa's health care reform legislation. In that capacity, the Council's leadership would be highly influential in spreading and sustaining the concept.

2. Engage health care providers (including but not limited to: physicians, dentists, pharmacists, nurse practitioners, physician assistants, nurses, dental hygienists, chiropractors, dietitians, and physical therapists), their professional organizations, and public and private insurers to support the development of medical homes across Iowa.

Rationale: Making the medical home a standard of care is a systemic change of such large magnitude that complete or near complete participation of the provider, payer, and professional association communities is needed to expedite and assure success.

3. Build and support a patient-centered medical home system that integrates and connects clinical practices, (including primary and specialty care), other community-based services, and families so as to deliver the highest quality of care in the most efficient manner.

Rationale: Characteristics of the medical home model include connections among and between health and other community providers; and meaningful partnerships between providers and the families served. Without meeting these defining characteristics, a practice cannot be a true medical home.